

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

Name of Institution: Weskota Manor Avera
Address: 608 135 NE
Wessington Springs, SD 57382
Phone Number: 605-539-1631 Fax Number: 605-539-450 2
E-mail Address of Faculty: brenda . bathke @ avera . org
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Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum List personnel and licensure information Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel Complete evaluation of the curriculum Submit documentation to support requested curriculum changes

1. List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

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Name of Program Coordinator	Experience of the second	Charlet Book	RIVLICENSE.	
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If requesting new Program Coordinator, a	ttach cumicul	am with merumo	De supula bintana	

If requesting new Program Coordinator, attach curriculum vita, resume, or work history

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

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supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Supplemental Paraonnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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	LICENSURE	AH-CESTATE	
Supplemental Passonnal & Credentists	ta Rumber	Expiration Date	Verification (Completed by SOSON)
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 Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

S	tendard	Yes	No
•	Program was no less than 75 hours.		114
•	Provided minimum 16 hours of instruction prior to students having direct patient contact.	~	
•	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	~	
	Provided instruction on each content area (see ARSD 44:04:18:15):	1/	
	Basic nursing skills	V	
	Personal care skills	V	
	Mental health and social services		
	Care of cognitively impaired clients	V	
	Basic restorative nursing services	1	
-	Residents' rights		-
•	Students did not perform any patient services until after the primary instructor found the student to be competent	~	
	Students only provided patient services under the supervision of a licensed nurse		
•	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills evan taken through the 5D Harithan a devaluation	1501	Markit Abilintikale manama

3.	3. <u>Documentation to Supp</u>	ort Curriculum/Curriculums Used:
Na	Name of Course/Courses and a	dition of text used: How to be a NWSing Assistant
11 126	nee eceet, and unine instruction.	be utilized in achieving the classroom instruction such as independent study, video g materials utilized (include name of book or resource, publisher, publication date, etc.),
Sub	Submit documentation that support Behaviorally stated objectives v Curriculum, objectives and age A minimum of 16 hours of Communication an	s requirements listed in ARSD 44:04:18:15, including: vith measurable performance criteria for each unit of curriculum nda documenting the requirements for the minimum 75 hour course as follows: finstruction prior to student having direct patient contact; the 16 hours must include: d interpersonal skills, infection control, safety/emergency procedures, promoting lence, respecting residents' rights.
	care; the instructor ratio r	Supervised practical instruction with enough instructors to ensure safe and effective
	Basic nursing skills needs; recognizing	following content areas (see ARSD 44:04:18:15 for more detail): (including documentation) including: vital signs; height and weight; client environment abnormal changes in body functioning and the importance of reporting such changes it caring for dying clients;



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	Personal care skills, including: bathing; grooming, including mouth care; dressing; tolleting; assisting with			
	Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with ading process; respecting personal decisions and turning;			
	dignity, and recognizing sources of emotional support; Care of cognitively impaired clients, including: communication and techniques for addressing unique			
	Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation,			
	and training; and care and use of prosthetic and orthotic devices:			
	restraints.			
Program Coordinator Signature: Brenda Bouch 10, RD, Deto: 4.12.13				
This section to be completed by the South Dakota Board of Nursing				
Date Application	Received: YILLIO Date Application Denied:			
Date Approved;	CITY II h s Passon for Dodals			
Expiration Date of	Approval:			
Board Representa Date Notice Sent				
Date House Sent	winsumon: 4/1/1/3			